

FACSIMILE COVER SHEET

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TO: Ms. Renee' Pettus

FAX NO.: (571) 273-0547

FROM: Frank C. Eisenschenk, Ph.D.

DATE: March 4, 2004

NO. OF PAGES (INCLUDING COVER SHEET): 6

SUBJECT/MESSAGE:

Re: U.S. Patent Application Docket No. G-070US02REG
Serial No. 09/668,558; filed September 22, 2000

Attachment: Petition for Withdrawal of Abandonment (5 pages with attachments)

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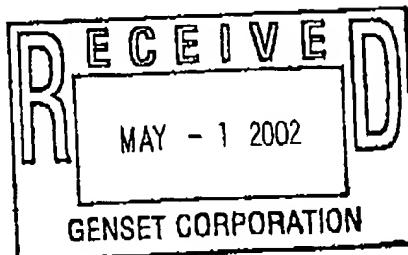
Patent Amendment/Responses/etc.
Docket No.: 70.122.125

The Patent and Trademark Office date stamp sets forth the date of receipt of:

Applicant/Patentee: Yan et al.
 No. (Appn./Appeal/Interference/Patent/Reexam): 09/668,538
 Filing/Issue Date: Sept. 22, 2000
 Title: Methods of Screening Ciliicity and Related Diseases

<input type="checkbox"/> Transmittal Letter	<input type="checkbox"/> Comb. Declaration & Power of Attorney
<input checked="" type="checkbox"/> Assignment <input checked="" type="checkbox"/> Recordation Cover Sheet(s)	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Statement of Ownership	<input type="checkbox"/> Pet. for Extension of Time/ ____ month(s)
<input checked="" type="checkbox"/> Amendment/Response <u>2</u> pages	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Request for Continued Examination	<input type="checkbox"/> Declaration
<input type="checkbox"/> Maintenance Fee	<input type="checkbox"/> Request for Certificate of Correction
<input checked="" type="checkbox"/> Check \$ 40 <u>(3495)</u>	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Issue Fee <input type="checkbox"/> Request Patent Copies	<input type="checkbox"/> Appeal Brief (3 copies) ____ pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Reply Brief (3 copies) ____ pages
<input type="checkbox"/> PTO 1449 Form - ____ pages	<input type="checkbox"/> Deposit Account Order Form (2 copies)
<input type="checkbox"/> Prior Art References - No. of Ref. _____	<input checked="" type="checkbox"/> Other: <u>SB/21; SB/17</u>
<input type="checkbox"/> Drawings ____ Sheets:	<input type="checkbox"/> Exp. M.I. Label# _____
<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Amended	

Atty/Scc.
 Initials: J/K/DM Matter Name Cor Amicus Legion Protection Date 11/12/2002

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[CFV-FII]